

MAR 05 2003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**  
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12/17/2002

**KLARQUIST SPARKMAN CAMPBELL  
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**ONE WORLD TRADE CENTER**  
**121 SW SALMON STREET SUITE 1600**  
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**Susan Alpert Siegel, Ph.D.** (Depositor's name)  
 (Signature)  
 2/28/03 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/125,635	08/21/1998	PAUL MELTZER	4239-50420	8012

**TITLE OF INVENTION:** AIB1, A NOVEL STEROID RECEPTOR CO-ACTIVATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	03/17/2003
EXAMINER	ART UNIT	CLASS-SUBCLASS			
BASI, NIRMAL SINGH	1646	435-069100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Klarquist Sparkman, LLP**

2 \_\_\_\_\_  
 3 \_\_\_\_\_

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**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Government of the United States of  
 America as represented by the Secretary

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Rockville, Maryland

of the Department of Health and Human Services

Please check the appropriate assignee category or categories (will not be printed on the patent)

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 02 FC:8001

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